



IFW

Patent  
728256-100281

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Anthony MAGLICA

Application No.: 10/828,430

Filed: April 20, 2004

For: FLASHLIGHT

Confirmation No.: 5366

Group Art Unit: 2875

Examiner: Cariaso, Alan

RESPONSE TRANSMITTAL

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response to the December 2, 2004 Office Action in the above-identified application.

- ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$120.00
2 months	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$450.00
3 months	<input type="checkbox"/> \$510.00	<input checked="" type="checkbox"/> \$1020.00
4 months	<input type="checkbox"/> \$795.00	<input type="checkbox"/> \$1,590.00
5 months	<input type="checkbox"/> \$1080.00	<input type="checkbox"/> \$2,160.00

- ☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

CERTIFICATE OF MAILING  
(37 C.F.R. § 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450

May 27, 2005  
Date of Deposit  
LAI-2190343v1

Carolyn L. Evans

Name of Person Mailing Paper

*Carolyn L. Evans*

Signature of Person Mailing Paper

☒ If an additional extension of time is required, please consider this a petition therefor.

**FEES FOR CLAIMS:**

☐ Applicant claims small entity status pursuant to 37 CFR 1.27.

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	10	-	20	=	0	x	\$50.00	\$0.00
Independent Claims	3	-	3	=	0	x	\$200.00	\$0.00
Multiple Dependent Claims	(if applicable)						<input type="checkbox"/>	\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>								\$0.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.							<input type="checkbox"/>	\$0.00
<b>TOTAL FEES FOR CLAIMS SUBMITTED HEREWITH</b>								\$0.00

**ADDITIONAL PAPERS:**

☒ Information Disclosure Statement.

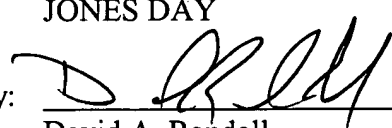
**FEE PAYMENTS:**

- ☐ A check in the amount of \_\_\_\_\_ is enclosed to cover the above fee(s).
- ☒ Charge Jones Day's Deposit Account No. **50-2468** in the amount of **\$1,020.00**.
- ☒ The Commissioner is authorized to charge Jones Day's Deposit Account No. **50-2468** for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **50-2468**.

Respectfully submitted,

JONES DAY

By:

  
David A. Randall  
Reg. No. 37,217

Dated: May 27, 2005

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